

Name
in
Full

Ida Chatman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

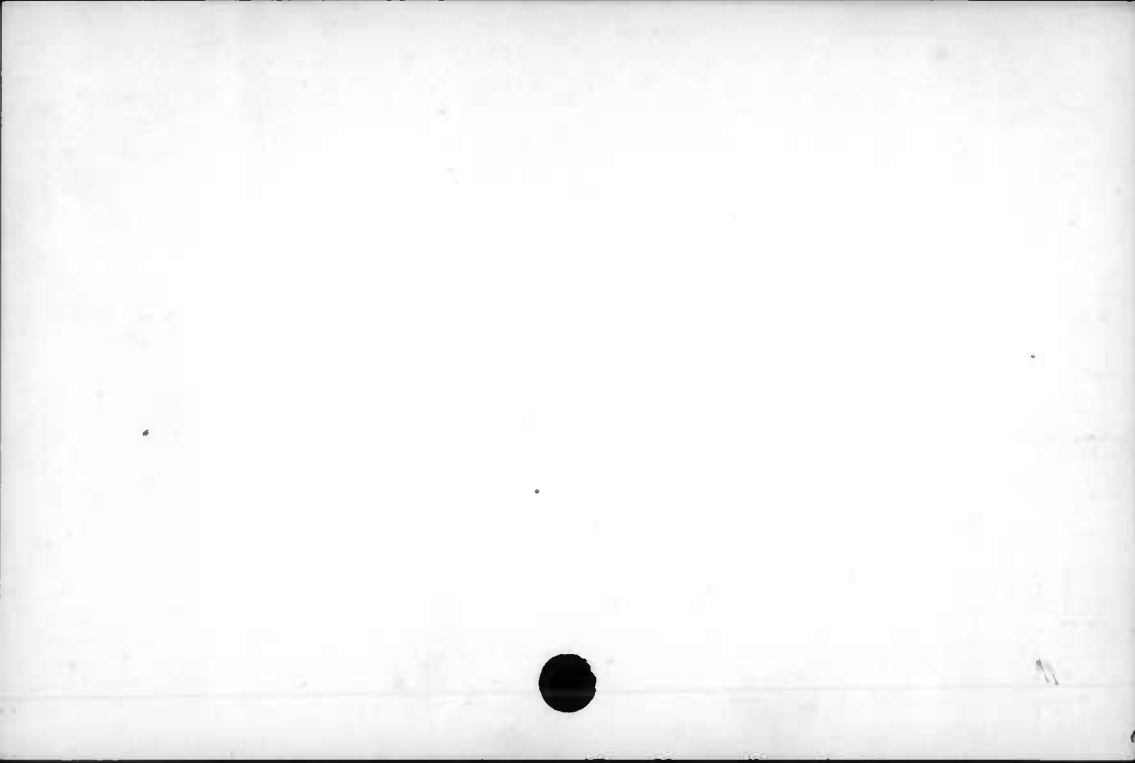
Died at <i>Keokuk</i> Town		<i>St Marys</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>3</i>	Years <i>21</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Dutch</i>		Birth-place <i>St Marys Co</i>		
Occupation <i>Home</i>	Where Residing if not at place of death <i>St Marys Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>David Chatman</i>	Father's Birthplace <i>St Marys Co</i>				
Mother's Maiden Name <i>Sophia Chatman</i>	Mother's Birthplace <i>St Marys Co</i>				
Name of person giving information <i>JOB Bartlett</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Pneumonia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. L. Smith</i>
	Address <i>St Marys Co</i>
Accident or Suicide?	<i>Yes</i>



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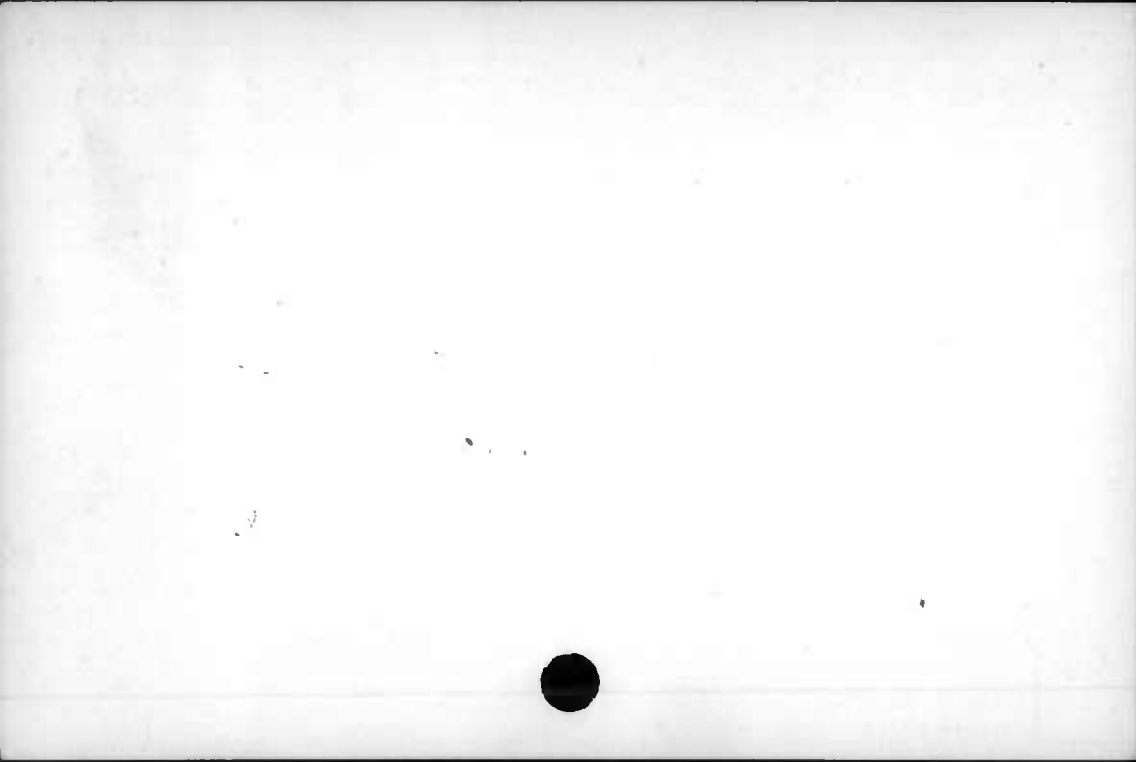
Name in Full <i>John L. Curtis</i>		Town <i>near Oraville</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>near Oraville</i>		Month <i>Nov.</i>		Day <i>19th</i>		Years <i>66</i>	
Date of death <i>1907</i>		Month <i>Nov.</i>		Day <i>19th</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>Colo'd</i>		Birthplace <i>St. Mary's Co.</i>		Months <i>—</i>	
Occupation <i>Merchant & Farmer</i>		Where Residing if not at place of death <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida Brooks</i>		Father's Birthplace <i>St. Mary's</i>		Mother's Birthplace <i>St. Mary's</i>	
Father's Name <i>Don't know</i>		Name of Wife or Husband <i>Ida Brooks</i>		Father's Birthplace <i>St. Mary's</i>		Mother's Birthplace <i>St. Mary's</i>	
Mother's Maiden Name <i>Rebecca Curtis</i>		Name of person giving information <i>Alfred Curtis</i>		How related to deceased <i>Son</i>		Days <i>—</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>a year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Zach. R. Morgan,</i>
	Address <i>Mechanicville, Me.</i>
Accident or Suicide?	



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MARYLAND

Name *J. J. River* Town *Leonardtown* County *St. Marys*

Died at Date of death *1907* Month *Nov* Day *5* Age *72* Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Farmer* Where Residing if not at place of death *Don't Know*

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *Don't Know* Father's Birthplace

Mother's Maiden Name *" "* Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

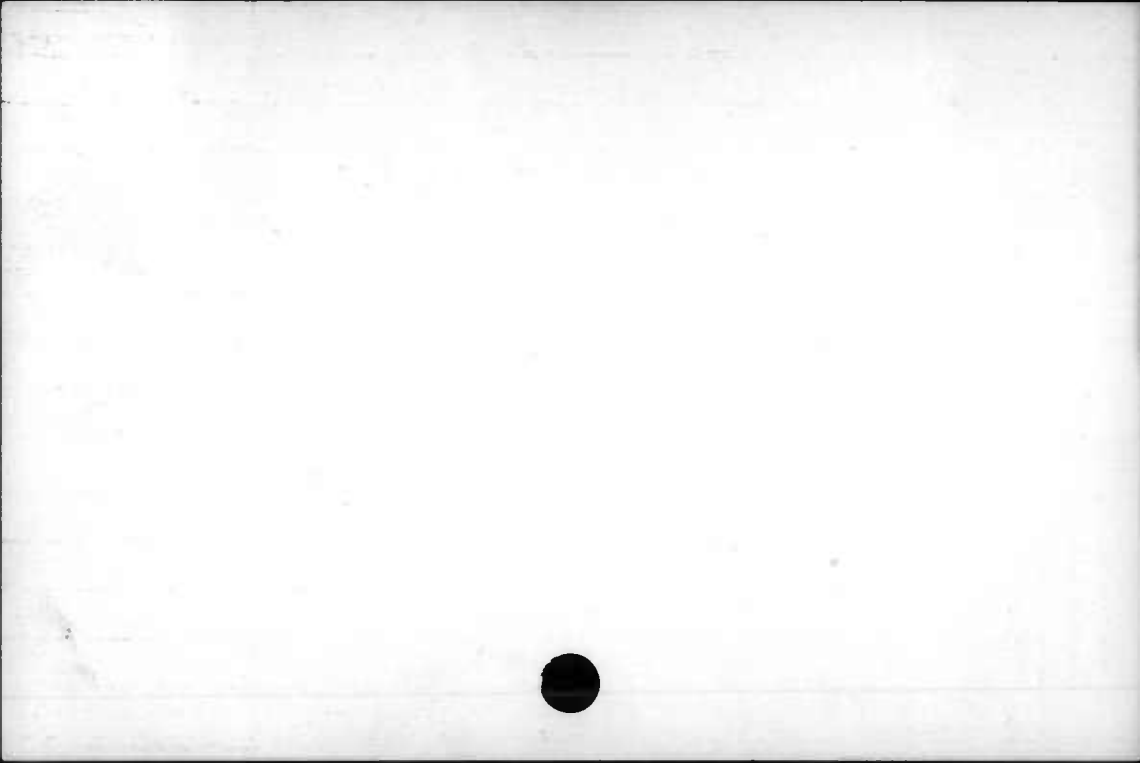
Primary *Compound fracture of right tibia and femur* How long

Immediate *fracture of left femur* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. H. Greenwell*

Address *Leonardtown Md.*

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

Thomas Evans

Town

County

MARYLAND

Died at

Chingville

St-marys

Date

Month

Day

Years

Months

Days

of death 1907

11-29

Age

48

Sex

Male

Color or
Race

White

Birth-
place

St-marys Co -

Occupation

Farmer

Where Residing if not
at place of death

Chingville

Married, Single
or Widowed

Name of Wife or
Husband

Thomas Evans -

Father's
Name

William Evans

Father's
Birthplace

St-marys Co -

Mother's
Maiden Name

Delilah Annisworthy

Mother's
Birthplace

St-marys Co -

Name of person giving
In formation

Mr. Readman

How related
to deceased

None

CAUSES OF DEATH

66

Primary

How long

Immediate

Paralysis
Gas

How long

One year -

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Henry Richardson MD

Address

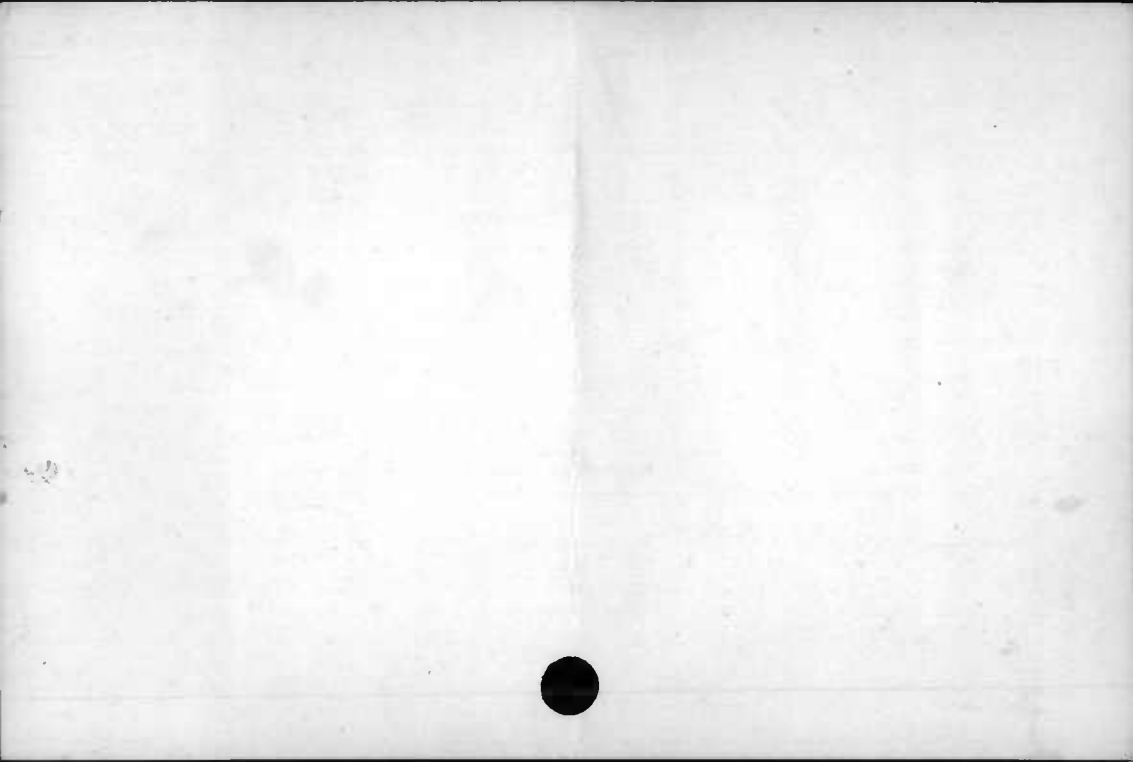
Great Mills -

Accident or Suicide?

St-marys Co - Md

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NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

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MARYLAND

Died near Charles Hall Md

County

St. Marys

Date

of death

1907

Month

November

Day

23

Years

Age

about 25

Months

Days

Sex

Female

Color or
Race

Black

Birth
place

Don't know

Occupation

None

Where Residing if not
at place of death

Near Charles Hall

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Abraham Ford

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
In formation

Wm. P. Chesley

How related
to deceased

CAUSES OF DEATH

11

Primary

Typhoid Fever

How long

Six

Immediate

Exhaustion

How long

Weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

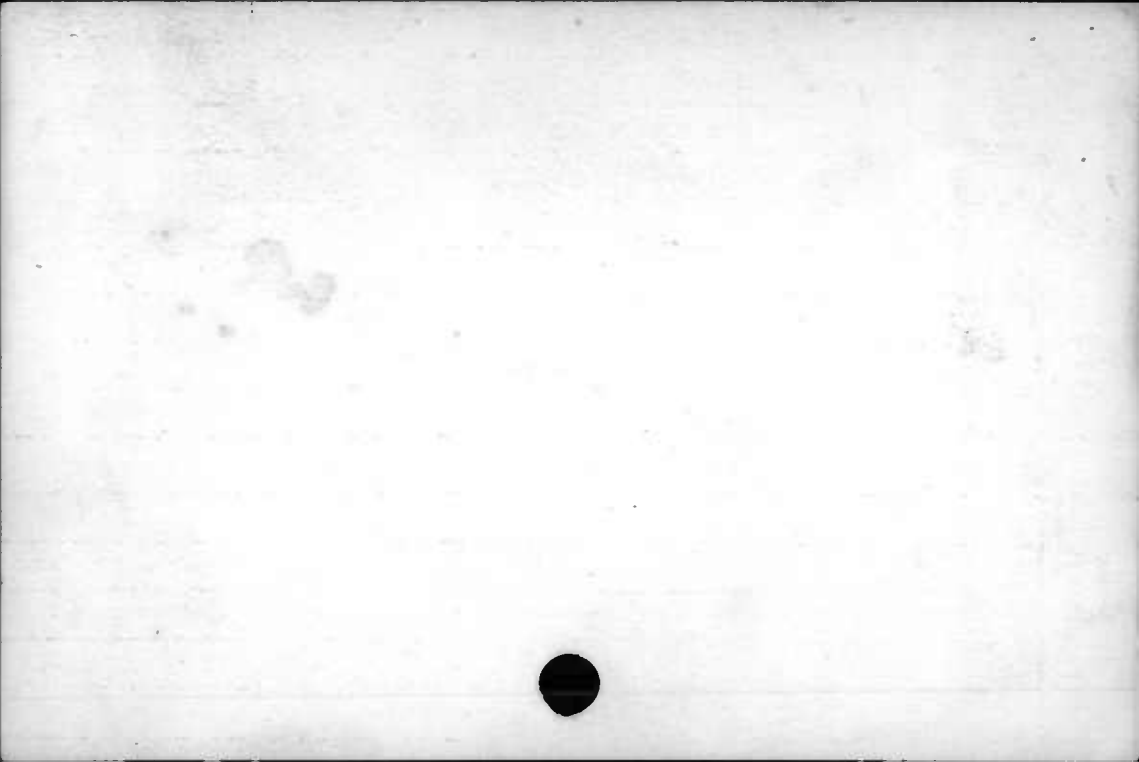
Signature of
Physician

Address

Lena J. Sorkoton
Charles Hall Md.

Accident or Suicide?

—



Name
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Full

Mary Jane Herbert

CERTIFICATE OF DEATH

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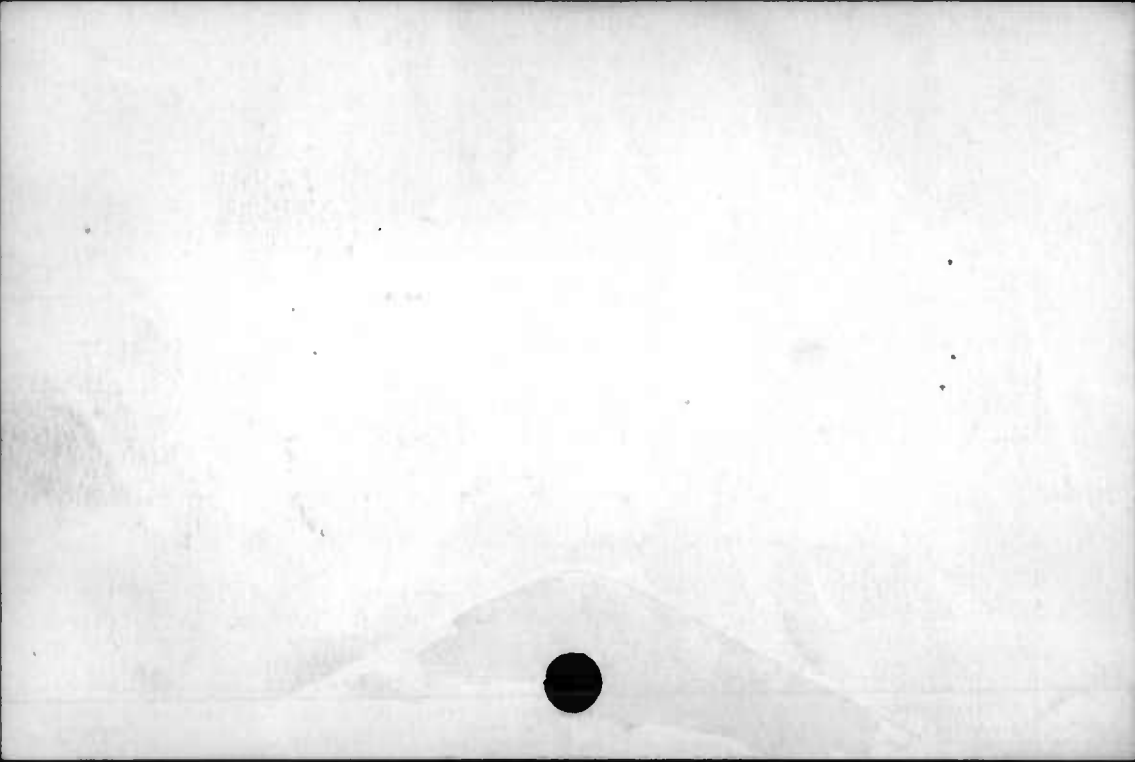
Died at		Town Helenmuth		County St. Marys		MARYLAND	
Date of death		Month 1907	Day 24	Age 7	Years	Months	Days
Sex Female		Color or Race Caucasian		Birth- place Md.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Benj. Herbert				Father's Birthplace Md.			
Mother's Maiden Name Ida Bond				Mother's Birthplace Md.			
Name of person giving Information Mrd Bond				How related to deceased Uncle-			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Broncho-pneumonia		How long 8 days -	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. B. Johnson	
		Address Morganza.	
Accident or Suicide?			



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Felix Hesse

CERTIFICATE OF DEATH

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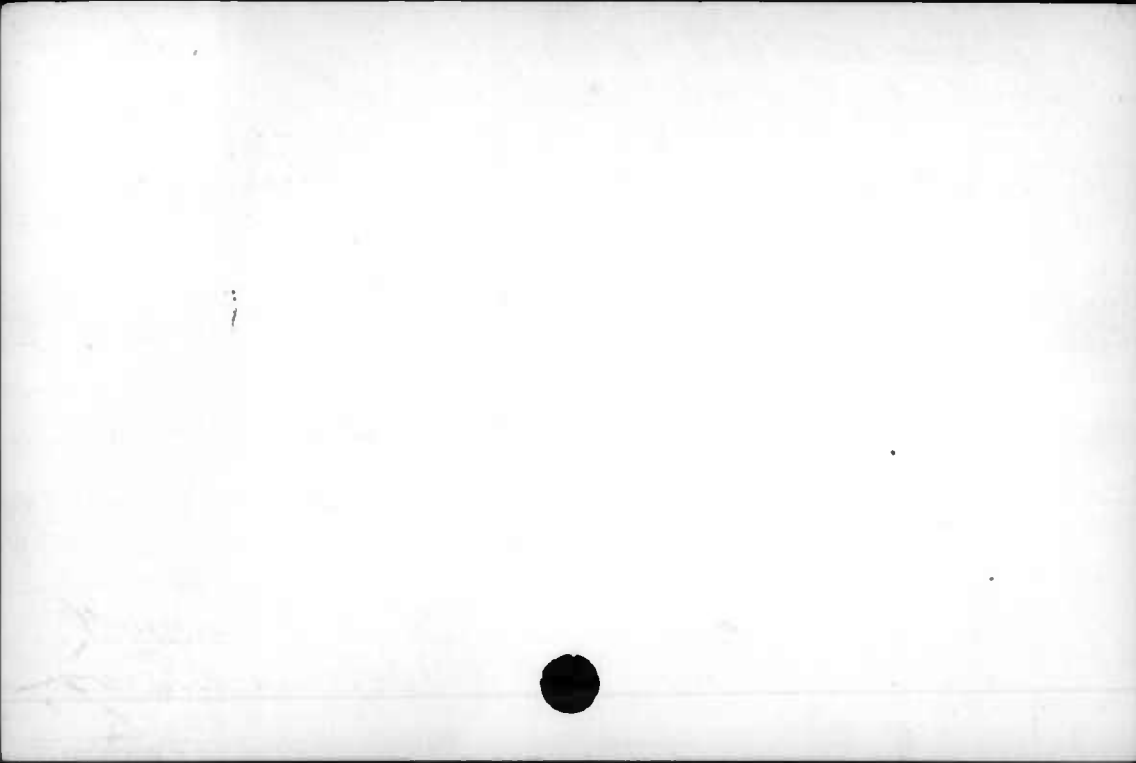
Died at		Town Palmer		County St. Mary's		MARYLAND	
Date of death		1907	Month 11	Day 2	Age 18	Months 2	Days 23
Sex male		Color or Race white		Birthplace Ottumwa, Iowa			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Joseph Reuschke		Father's Birthplace Lerdorf					
Mother's Maiden Name Selma Hesse		Mother's Birthplace Ottumwa, Iowa					
Name of person giving information Joseph Reuschke		How related to deceased Father					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	Traumatism	How long	Unknown
Immediate	Traumatic Peritonitis	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. V. Palmer	
yes		Address Palmer	
Accident or Suicide?		und	
Accident			



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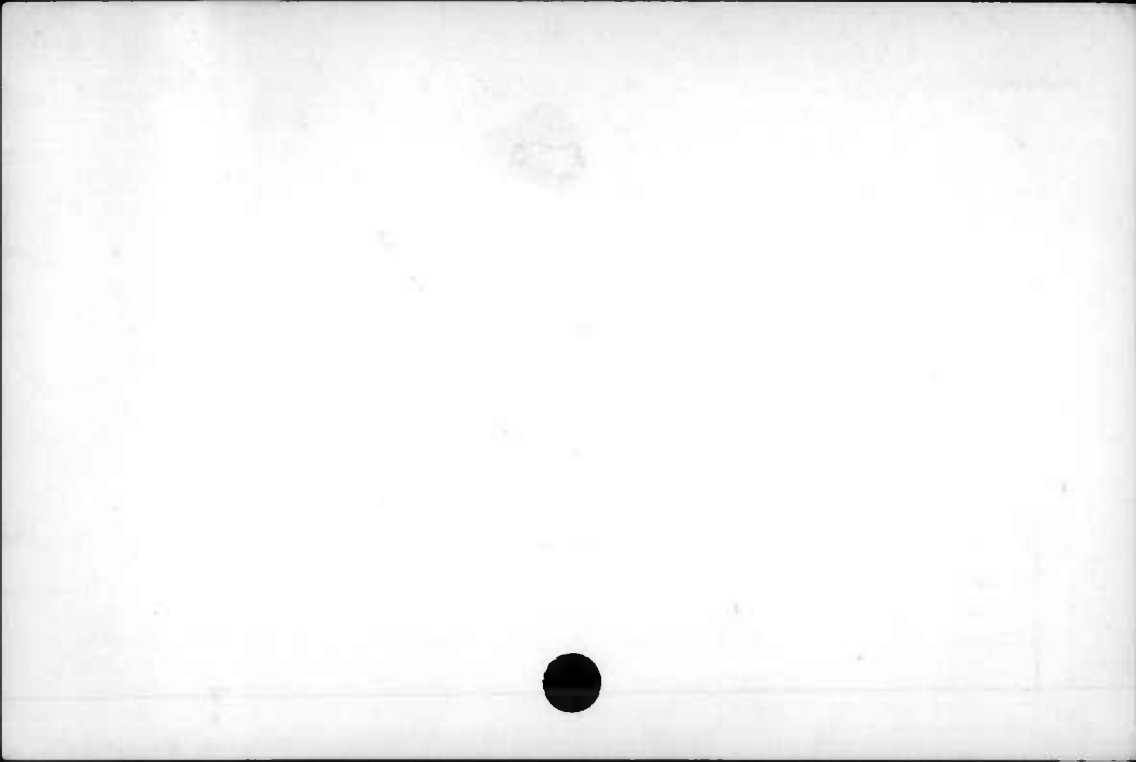
Name in Full <i>James Robert Richardson</i>		Town <i>Palmer</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>Palmer</i>		Month <i>11</i>		Day <i>8</i>		Years <i>68</i>	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>8</i>		Years <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>ind</i>		Months <i>-</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Belle Richardson</i>					
Father's Name <i>Robert Richardson</i>		Father's Birthplace <i>ind</i>					
Mother's Maiden Name <i>Sally Richardson</i>		Mother's Birthplace <i>ind</i>					
Name of person giving information <i>Belle Richardson</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>64</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>Stroke</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>ind</i>



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James Sothoron

Town *New Market* County *St. Mary's* MARYLAND

Died at *New Market* St. Mary's

Date of death *1907 Nov. 5* Age *26* Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mollie Briscoe*

Father's Name *Wm. Sothoron* Father's Birthplace *Maryland*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *Railroad accident* How long *—*

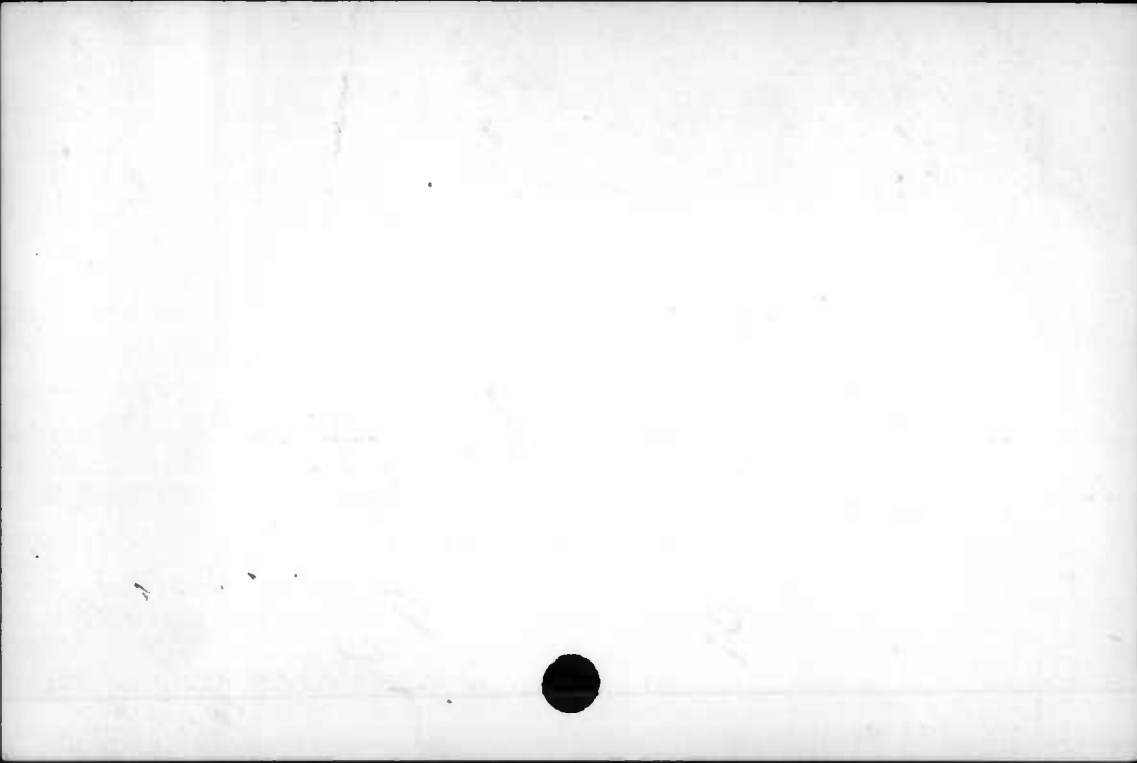
Immediate *Concussion of the brain* How long *Five days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Zach. B. Morgan*

Address *Mechanicville*

Accident or Suicide? *—*



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MARYLAND

Died at <i>Beaumont</i>		Town <i>St Marys</i>		County	
Date of death	1907	Month	Nov	Day	16
Sex	Female	Color or Race	white	Age	18
Occupation			Where Residing if not at place of death	Months	Days
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Levin Valandingham</i>			Father's Birthplace	<i>St Marys</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis with obstruction</i>	How long	<i>4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. H. Greenwell</i>
		Address	<i>Fernand Town</i>
			<i>Ind.</i>
Accident or Suicide?			

